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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Bosnia and Herzegovina and area office

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Bosnia and Herzegovina for three years. The Executive Director recommends that the Executive Board approve the amount of $5,025,000 from general resources, subject to the availability of funds, and $16,650,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

BASIC DATA
(1993 unless otherwise stated)

Child population (millions, 0-14 years) (1991)	.72
U5MR (per 1,000 live births) (1994)	17
IMR (per 1,000 live births) (1994)	15
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births)	...
Literacy (% male/female)	...
Primary school enrolment (% net, male/female)	...
Primary school children reaching grade 5 (%)	...
Access to safe water (%)	...
Access to health services (%)	N/A
GNP per capita	$725 or less
One-year-olds fully immunized against:	
tuberculosis:	85 per cent
diphtheria/pertussis/tetanus:	67 per cent
measles:	57 per cent
poliomyelitis:	69 per cent
Pregnant women immunized against:	
tetanus:	...

THE SITUATION OF CHILDREN AND WOMEN

1. Since the war in Bosnia and Herzegovina began following independence in April 1992, more than 150,000 persons have been killed, 2,700,000 have been internally displaced or directly affected and 500,000 have become refugees abroad. As of April 1993, the Government estimated the total economic cost of war and war-related damage to be some $150 billion to $180 billion.

2. Recent important developments include the Washington Agreement between the Bosnian Government and the Bosnian Croats and the creation of a federal Government in 1994; the fall of the United Nations safe havens of Srebrenica and Zepa, from which 50,000 Bosniacs, 80 per cent them women and children, fled to central Bosnia in July 1995; and the Croatian army action in the Krajina, which resulted in an additional 200,000 refugees arriving in Bosnia and Herzegovina and the Federal Republic of Yugoslavia, also during the summer of 1995. The number of unaccompanied children has increased and their needs should be addressed. At the end of 1995, the Paris Peace Accord finally opened the way towards reconciliation, reconstruction and the return of the displaced and refugees to their homes.

3. The country's needs remain overwhelming and the recovery period will be long. The life of the children and women of Bosnia and Herzegovina is a

struggle for adequate food, safe water, basic health care and schooling. Hospitals, health centres, schools and water and sanitation infrastructures have been damaged and destroyed. Many teachers, doctors and nurses either have been killed, displaced or left the country. By the end of 1995, the city of Sarajevo had been under siege for more than 40 months. Young children know almost nothing but war and deprivation.

4. Although humanitarian relief largely has prevented serious malnutrition and starvation, the incidence of micronutrients deficiencies (iron, iodine) has increased. The average birth weight declined as the war progressed. The health of pregnant women deteriorated, leading to a significant increase in miscarriages, maternal and infant mortality, permanent disabilities and premature births.

5. In front-line towns and villages, shortages of clean water and poor sanitary conditions contributed to an increased incidence of water-borne diseases. In 1994, approximately 17,000 cases of scabies, 6,000 cases of enterocolitis/diarrhoea and 4,500 cases of hepatitis A were reported in Sarajevo.

6. About 55 per cent of the schools in the country have been damaged or destroyed, and resources for their reconstruction are lacking. There is a general shortage of classrooms, basic school supplies and learning and teaching materials. Students are emotionally scarred by the war and many have severe trauma. Professional development, through in-service training of teachers, has virtually come to a standstill.

PROGRAMME COOPERATION, 1994-1995

7. Since 1991, UNICEF assistance in Bosnia and Herzegovina has been funded through United Nations consolidated inter-agency appeals. In 1994 and 1995, UNICEF assistance evolved from an emergency response towards rehabilitation and development when and where conditions allowed. Programmes have proven manageable and sustainable by national and local partners.

8. UNICEF has helped to develop professional networks through training at all levels to hasten implementation of projects and improve knowledge. Institutional partners included the Italian Istituto Superiore di Sanita (National Institute of Health), the Universities of London and Keele (United Kingdom), Cork (Ireland) and Pittsburgh (United States) and such non-governmental organizations (NGOs) as the International Medical Corps (IMC) and the Italian Consortium of Solidarity. UNICEF has collaborated with other United Nations agencies, most notably the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Educational, Scientific and Cultural Organization, the World Food Programme (WFP) and the World Health Organization (WHO).

9. UNICEF assisted in the re-establishment of a nationwide immunization programme with the Ministry of Health, cantonal authorities and IMC, and provided vaccines, consumable supplies, training in updated immunization practices, cold-chain management and assessment of coverage. The primary health

care (PHC) project in Sarajevo has trained family physicians, re-established a health information system and strengthened community management of health care. Schools in Sarajevo also are being involved in monitoring of child health, immunization, growth and development, and promotion of nutrition and family health. UNICEF also has maintained the supply of essential paediatric drugs to health centres.

10. Supplementary feeding covered young children, pregnant women and lactating mothers. A policy on infant feeding was agreed to by UNICEF, WHO, WFP, UNHCR and the Government, but implementation has been insufficient. UNICEF supported the creation of a National Coordination Committee for the Promotion of Breast-feeding, but security problems preclude its expansion outside of Sarajevo and central Bosnia.

11. A UNICEF-sponsored review of the education sector was undertaken by the University of Pittsburgh in 1994 and led to reforms by the Ministry of Education. Training in interactive teaching methods and management and planning of the future education system has been undertaken in four cantons. Basic school materials served 340,000 primary schools.

12. UNICEF helped to restore small, war-damaged water systems in Brcko, Gornji Vakuf, Mostar and the Mojmilo reservoir in Sarajevo. Water quality improved with the provision of mobile water-testing laboratories. Low-cost, high-impact technology, such as leak detection equipment, served the most affected areas.

13. UNICEF assisted traumatized children in primary schools through the training of school psychologists and teachers in collaboration with the national and regional pedagogic institutes. Activities were undertaken to improve care of children in specialized institutions. UNICEF cooperated with UNHCR in establishing a registration and support system in central Bosnia for children separated from both parents.

Lessons learned

14. A stronger and more sustained effort is needed to influence policy and legislation for protection of children, especially children who are separated from their parents. Policies related to essential drugs, an immunization schedule and the marketing and free distribution of breast-milk substitutes still need to be improved. The work of external institutions has provided continuous technical support to programmes, but clearer common goals and objectives need to be defined early on with these partners.

RECOMMENDED PROGRAMME COOPERATION, 1996-1998

Estimated annual expenditure
(In thousands of United States dollars)

	1996	1997	1998	Total
General resources				
Health	235	278	310	823
Nutrition	72	90	100	262
Education	180	212	240	632
Children in especially difficult circumstances	108	130	160	398
Advocacy and social mobilization	30	40	40	110
Project support, including area office	900	1 000	900	2 800
Subtotal	1 525	1 750	1 750	5 025
Supplementary funding				
Health	1 590	1 127	885	3 602
Nutrition	465	360	250	1 075
Education	1 223	1 023	830	3 076
Water supply and sanitation	1 200	850	600	2 650
Children in especially difficult circumstances	735	620	365	1 720
Advocacy and social mobilization	157	120	70	347
Project support, including area office	1 530	1 450	1 200	4 180
Subtotal	6 900	5 550	4 200	16 650
Total	8 425	7 300	5 950	21 675

Programme priorities and strategies

15. The UNICEF programme strategy is to strengthen the capacity of national, cantonal and local personnel and institutions to meet the needs of women and children. It will remain flexible and responsive, capable of being modified to meet new priorities. UNICEF will provide technical assistance and training to transfer technologies and skills, as well as some management support and assistance in the areas of immunization, family health care, teacher education, foster care and work with groups of out-of-school youth. Because the programme in Bosnia and Herzegovina to date has been funded exclusively through supplementary funds, there was close collaboration with donors during the previous programme period. There have already been some consultations with donors on the preparation of the proposed new programme, and continuous contacts will be pursued as the activities develop.

Education

16. The long-term thrust of the education programme is to strengthen the capacity of preschool, primary school and non-formal education professionals and institutions to ensure a quality education for children. The strategy will emphasize development of human resources through training of teachers, school administrators and policy makers and planners. Components include an education management information system and techniques for assessment of student learning. Special problems related to interrupted schooling, overstressed teachers and over-age children dropping out of the school system will be dealt with in the regular education programme and linked with psycho-social and social services programmes. The provision of basic school supplies will continue. UNICEF will increase support to early childhood development with the preparation of a baseline analysis, the training of trainers and resource teams. The participation of parents will be encouraged through community-based preschools. UNICEF also will support education for development and mine awareness campaigns within both formal and non-formal structures through the extensive use of the media and other alternative channels.

Health

17. The health programme will include expansion of PHC and school-based health care to reach all cantons through the training of family physicians and school health personnel; strengthening of health information systems in support of community-based management of health care; and the development of a rational drugs policy. Management training for the expanded programme on immunization will address sustainability and accountability for management of the cold chain, logistics and surveillance. UNICEF will continue to provide vaccines and other consumable supplies while supporting the Government in a vaccine independence initiative. The re-activation of the network of patronage services (community nursing services) will be used as a mechanism for directly reaching newborns and mothers with infant health services and education for mothers, appropriate infant feeding practices, regular antenatal care, reproductive health and growth monitoring. At the same time, an emergency response capacity will be maintained through the training of partners, particularly in politically sensitive areas, and through the provision of such emergency supplies as paediatric drug kits, water purifiers, hygiene equipment and collapsible tanks.

Nutrition

18. As part of the nutrition programme, the national and cantonal structures to promote breast-feeding will be given technical assistance to accelerate the training of paediatricians, nurses and patronage service personnel. At least one hospital in each canton will be certified as "baby-friendly". The national and cantonal governments will formulate and implement policies regulating the marketing and distribution of breast-milk substitutes. UNICEF will support the control and elimination of micronutrient deficiencies, i.e., nutritional anaemia and iodine deficiency.

Children in especially difficult circumstances

19. The existing network of professionals and coordinating boards will plan and deliver psycho-social services to children through the primary school system, social work centres, parents' groups and community organizations. Ongoing training and professional support to local and national experts will be enriched with multidisciplinary approaches and community-oriented activities. In time, training will reach paraprofessionals and parents. Priorities will be the consequences of trauma and special difficulties of adolescents and single mothers with young children. UNICEF will assist the Ministry of Social Welfare to improve policies and services for the care of children who are unaccompanied, have special difficulties or are in institutions and foster care. Advocacy will address alternative care, support to short-term training for improved residential care of children and training of social workers working with street children.

20. Through the emergency programme, UNICEF will assist the Government to update its contingency plan on emergency relief assistance to include the provision of safe water through various means, leak detection services to prevent contamination of drinking water and regular assessment of community water systems. Winter and other clothing for especially vulnerable children, blankets, summer clothing, hygiene kits and infant starter kits will be provided as needed.

Advocacy and social mobilization

21. Under this programme, UNICEF will work with government, military, religious and community leaders to enhance programmes in support of a "first call for children" and to meet the goals of the World Summit for Children. A national programme of action for children will be prepared and used as an advocacy tool for greater awareness of the Convention on the Rights of the Child. Monitoring will help gauge progress towards the World Summit goals. Social mobilization, as part of each programme, will accelerate implementation.

Project support

22. A priority of monitoring and evaluation activities will be to improve national capacity for data collection and dissemination during 1996. Major activities will include the re-establishment of baseline data on child indicators and the development of simple monitoring mechanisms. Sectoral programmes will be monitored periodically, and a mid-term programme review will involve the Government, NGOs, United Nations agencies and other partners after 18 months of programme implementation. An evaluation of the collaboration with technical institutions will take place in 1996. A global programme evaluation will be carried out jointly with participating governmental organizations and other partners towards the end of 1998, allowing UNICEF to draw the necessary lessons and prepare the main lines of future interventions.

23. The country programme in Bosnia and Herzegovina will be administered by five subnational field offices. The area office in Zagreb will be re-structured, largely integrated into the Bosnia and Herzegovina programme and moved to Sarajevo. This will strengthen staffing, focus on the country the most

in need, Bosnia and Herzegovina, and improve coordination with the North Atlantic Treaty Organization, the World Bank, the European Union and other United Nations agencies which plan to set up headquarters in Bosnia and Herzegovina. As under the previous programme of cooperation, when no specific resources were earmarked for operational expenses, a substantial part of the general resources allocated to the Bosnia and Herzegovina programme and the area office will be used for such expenses. This will ensure the necessary deployment of essential staff independently of supplementary funds and emergency contributions.